Incident Form B

Licensees must submit this incident notification form to IPART and other relevant stakeholders within 30 days of the submitting Incident Form A to IPART.

Licensee details

|  |  |
| --- | --- |
| Licensee business name |  |
| Licence number |  |

#### Contact person in charge of dealing with the incident

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Phone: |  |
| Email: |  |

Incident summary

Provide any updates to information provided in Incident Form A.

#### Service type affected

Drinking Water  Recycled Water  Sewerage

#### Duration of incident

Provide start and end dates or indicate if the threat from the incident is continuing.

Click or tap to enter a date.

#### Location and affected area *[attach map if possible]*

Click or tap here to enter text.

#### Provide a brief description of the incident. What happened?

Include when the incident likely occurred. Include details of any CCP or WQO breach or operational failure.

Click or tap here to enter text.

#### Describe the scale and impact of the incident as currently known.

For example, did off-spec water enter supply to customers, were services disrupted or plant shutdown? What number of customers or connections were affected and for how long? What volume of sewage overflowed? etc.

Click or tap here to enter text.

#### Has the threat from the incident been removed?

Choose an item.

Investigation of the incident

#### What caused or possibly caused the incident to occur?

Include details of any root cause analysis.

Click or tap here to enter text.

#### Was this hazardous event identified in the Licensee’s risk register?

Provide details of the risk item.

#### Click or tap here to enter text.

#### Were preventative controls in place to prevent the incident from occurring?

Describe the controls in place.

Click or tap here to enter text.

#### Did the preventative controls operate as expected?

Why did the controls fail to prevent the incident?

Click or tap here to enter text.

#### What mitigative controls were in place to mitigate the outcome of the incident?

Describe the controls in place.

Click or tap here to enter text.

#### Did the mitigative controls operate as expected?

Why did the controls fail to mitigate the outcome of the incident?

Click or tap here to enter text.

#### Has this type of Incident happened before?

Provide details.

Click or tap here to enter text.

Licensee’s response to the incident

#### What corrective actions were taken to rectify the incident and its impacts?

For example, plant shutdown, repair works, clean-up works, etc.

Click or tap here to enter text.

#### What further actions have been or will be taken to rectify the incident and prevent the incident from happening again?

For example, review of water quality plans, sewage management plan, infrastructure operating plan, change to protocols, updating risk assessments to include any new risks, new preventative or mitigative controls, new works, etc.

Click or tap here to enter text.

#### How will these actions rectify, prevent or better mitigate the impacts of the incident in future?

Click or tap here to enter text.

#### When will these actions be implemented (i.e. provide timeframes or dates for milestones and completion)?

Click or tap here to enter text.

#### Has the licensee identified any non-compliance with the licence obligation(s)?

If so, describe the licence obligation that was non-compliance with and the obligation number. Refer to Appendices A and B of the *Reporting Manual for Network Operators and Retail Suppliers under Water Industry Competition Act 2006* for licence obligations descriptions and obligation numbers for Network Operators and Retail Suppliers.

Click or tap here to enter text.

#### Have other licensees or stakeholders been affected?

Provide details if applicable.

Click or tap here to enter text.

Stakeholder contacts

|  |  |
| --- | --- |
| To |  |
| IPART | This form must be submitted via [WILMA](https://wilma.ipart.nsw.gov.au:553/_layouts/15/fba/login/WILMA_Login.aspx) |
| Department of Planning and Environment | nanda.altavilla@dpie.nsw.gov.au |
| Local Public Health Unit in NSW Health | *(in accordance with the licensee’s incident and emergency response protocol)* |
| WIC Act retail supplier of the services, if relevant | *(in accordance with the licensee’s incident and emergency response protocol)* |
| WIC Act network operator and/or public water utility, if infrastructure connected | *(in accordance with the licensee’s incident and emergency response protocol)* |
| Copy |  |
| Water Unit in NSW Health | HSSG-[waterqual@doh.health.nsw.gov.au](mailto:waterqual@doh.health.nsw.gov.au?subject=Incident) |

Next steps

* Submit this Incident Form B to Stakeholders listed in the box above.
* Include INCIDENT in subject line.
* Submit within 30 days of submitting Incident Form A.